

NON-PATENT LITERATURE

File 155: MEDLINE(R) 1950-2007/Mar 15
File 73: EMBASE 1974-2007/Mar 20
File 5: Biosis Previews(R) 1926-2007/Mar W2
File 35: Dissertation Abs Online 1861-2007/Feb
File 156: ToxFile 1965-2007/Mar W2
File 45: EMCare 2007/Mar W2
File 144: Pascal 1973-2007/Mar W2
File 94: JICST-EPlus 1985-2007/Mar W4

Set	Items	Description
S1	340	((CONTRAST OR RADIOCONTRAST) () NEPHROPATHY) (S) (TREAT? OR P- REVENT?)
S2	848086	(BLOOD OR VEIN OR VENAL) (2N) PRESSURE
S3	20	S1 AND S2
S4	7	RD (unique items)
S5	7	Sort S4/ALL/PY,A [not relevant]

[File 155] MEDLINE(R) 1950-2007/Mar 15
[File 5] Biosis Previews(R) 1926-2007/Mar W2
[File 73] EMBASE 1974-2007/Mar 20
[File 94] JICST-EPlus 1985-2007/Mar W4
[File 144] Pascal 1973-2007/Mar W2
[File 35] Dissertation Abs Online 1861-2007/Feb
[File 65] Inside Conferences 1993-2007/Mar 20

Set	Items	Description
S1	22978	S VEIN? ?(2N) (KIDNEY? ? OR RENAL)
S2	2813670	S OCCLUD? OR OCCLUSI??? OR BALLOON? ? OR BLOCK??? OR OBSTRUCT?
S3	748680	S BLOOD() PRESSURE
S4	10242608	S INCREAS??? OR ELEVAT??? OR RAIS? OR RISE? ?
S5	11362407	S LOWER??? OR DECREAS??? OR REDUC???? OR DECLIN? OR DROP
S6	1877186	S CONTRAST OR RADIOCONTRAST OR RADIOPAQUE
S7	674	S S2(2W)S1
S8	80518	S S3(2N)S4
S9	97690	S S3(2N)S5
S10	1	S S7 AND S8 AND S9 [not relevant]
S11	168	S S1(S)S2(S)3(S)S4(S)S5
S12	168	S S11 NOT S10
S13	22	S S6 AND S12
S14	9	RD (unique items)
S15	9	SORT S14/ALL/PY,A
S16	510197	S NEPHROPATHY OR (KIDNEY? ? OR RENAL) (S) (DYSFUNCTION OR FUNCTION??? OR INSUFFICIENCY OR INSULT)
S17	146	S S12 NOT S13
S18	57	S S17 AND S16
S19	26	RD (unique items)
S20	0	S S19/2004:2005
S21	2	S S19/2006:2007
S22	24	S S19 NOT S21
S23	24	SORT S22/ALL/PY,A
S24	21	S S3(3N)S4:S5 AND S11
S25	18	S S24 NOT (S10 OR S13 OR S18)
S26	10	RD (unique items)
S27	10	SORT S26/ALL/PY,A
S28	357	S PRESSURE(3N)S1
S29	47	S S1(10N)S2 AND S28
S30	42	S S29 NOT (S24 OR S10 OR S13 OR S18)

S31 34 RD (unique items)
S32 0 S S31/2004:2005
S33 1 S S31/2006:2007
S34 33 S S31 NOT S33
S35 33 SORT S34/ALL/PY,A
S36 8 S S1(S)S2(S)S28 AND S16/TI,DE
S37 0 S S36 NOT (S29 OR S24 OR S10 OR S13 OR S18)

15/7/3 (Item 3 from file: 155)

Fulltext available through: [ScienceDirect \(Elsevier\)](#) [USPTO Full Text Retrieval Options](#)

MEDLINE(R)

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05580682 PMID: 7276433

Renal chemoreceptors.

Recordati G; Moss N G; Genovesi S; Rogenes P

Journal of the autonomic nervous system (NETHERLANDS) Apr 1981 , 3 (2-4) p237-51 ,

ISSN: 0165-1838--Print Journal Code: 8003419

Contract/Grant No.: HL 02334; HL; NHLBI; NS 11132; NS; NINDS; T32 AM07047; AM; NIADDK Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

A study of the **renal** receptors and types of stimuli which give origin to supraspinal and spinal-mediated autonomic reflexes is presented. Multiunit and single unit recordings from the afferent **renal** nerves of male Sprague-Dawley rats have revealed two groups of **renal** chemosensitive receptors (chemoreceptors). These we have called **renal** R1 and R2 "chemoceptive" receptors. R1 receptors do not have a resting discharge but are activated after 38.7 +/- 3.3 (S.E) sec (n = 40) of complete **renal** ischemia (**occlusion** of the **renal** artery). Other activating stimuli are associated with a marked impairment in **renal** blood flow (prolonged **occlusion** of the **renal vein** and the hypotension of systemic asphyxia or hemorrhage). Their discharge is characterized by trains of impulses which cease abruptly upon re-entry of blood into the **kidney**. They are not responsive to **increases** or **decreases** in **renal** perfusion **pressure** or to **increases** in **renal** venous or ureteral **pressure**. In **contrast**, R2 receptors have a resting discharge and respond vigorously to backflow of normal urine (nondiuretic) into the **renal** pelvis. The results of the backflow into the pelvis of different test solutions (diuretic and nondiuretic urine, 1 M urea, 1 M mannitol and solutions of NaCl and KCl) indicate that this response is dependent upon the composition of the fluid bathing the **renal** pelvis rather than the **increase** in pelvic **pressure** or pelvic distension. The resting discharge rate is highest in nondiuretic conditions and **declines** substantially after diuresis is induced by extracellular volume expansion. R2 receptors are also activated by **renal** ischemia produced by clamping the **renal** artery. It is concluded that these two groups of afferent sensory units are **renal** chemosensitive receptors, (chemoreceptors) which respond to the chemical environment of **renal** interstitium.

Record Date Created: 19811118

Record Date Completed: 19811118

15/7/4 (Item 4 from file: 35)

Dissertation Abs Online

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01383607 ORDER NO: AAD94-26809

CHARACTERIZATION OF THE VASOACTIVITY OF TACHYKININS IN ISOLATED RAT KIDNEY: FUNCTIONAL STUDIES AND IN VITRO RECEPTOR AUTORADIOGRAPHY

Author: CHEN, YUEJIN

Degree: PH.D.

Year: 1994

Corporate Source/Institution: EAST TENNESSEE STATE UNIVERSITY (0069)

Chairman: DONALD HOOVER

Source: Volume 5507B of Dissertations Abstracts International.

PAGE 2658 . 109 PAGES

Although tachykinins have potent vascular actions, their effect on renal resistance blood vessels is currently unknown.

The vasoactive properties of tachykinins and related analogs were assessed in isolated perfused rat kidney. At a basal perfusion pressure (PP) of 75 \pm 6 mm Hg ($n = 5$), bolus injections of substance P (SP) had no significant vasoactive effect. Following a sustained increase in baseline PP (134 \pm 10 mm Hg) produced by phenylephrine (1 μ M), SP evoked a dose-dependent increase in PP. The largest dose of SP increased PP by 60 \pm 5 mm Hg. The vasoconstrictor response to SP was not blocked by phentolamine when angiotensin II was used to increase basal tone. Thus, the response to SP is not mediated by norepinephrine. Pressor responses to SP were not potentiated by peptidase inhibitors, captopril and thiophan. SP(1-7) had no effect on PP, suggesting that the pressor response to SP is C-terminal dependent and tachykinin receptor mediated. The selective NK-1 receptor agonist, (Sar⁹,Met(O²)₂)₁₋₁₁-SP, had no effect on PP. In contrast, both the selective NK-2 and NK-3 receptor agonists, GR-64349 and (MePhe⁷-NKB, produced dose-dependent pressor responses (116 \pm 8 and 134 \pm 15 mm Hg increases in PP at 33 nmol, respectively) and were more potent than SP. Infusion of capsaicin (500 nM) produced an initial increase in PP following by a more prolonged decrease in PP. Clamping the renal vein produced a marked increase in PP.

The localization of NK-3 receptors in rat kidney evaluated by film autoradiography using ¹²⁵I- (MePhe⁷-NKB revealed a high density of specific binding sites on the proximal ureter and renal pelvis, moderate density in the renal vein and its large branches, and a low density in the inner strip of outer medulla, but no specific binding on the renal artery system and cortex. High resolution autoradiograms demonstrated ¹²⁵I- (MePhe⁷-NKB binding sites on the tunica media of the renal vein and tunica muscularis of renal pelvis and ureter. Specific binding of ¹²⁵I-BHSP was found in association with the renal artery and renal pelvis. No specific SP binding sites were associated with renal vein.

These data indicate that the pressor effect of tachykinins in the isolated rat kidney can be mediated by NK-2 and/or NK-3 receptors. The latter may be on the vascular smooth muscle of the renal vein.

23/7/1 (Item 1 from file: 5)

Biosis Previews(R)

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0000796908 Biosis No.: 19542800020663

Electrolyte and water excretions and renal hemodynamics during induced congestion of the superior and inferior vena cava of man

Author: FARBER SAUL J; BECKER WILLIAM H; EICHNA LUDWIG W

Author Address: New York U. Med., N. Y. C.

Journal: JOUR CLIN INVEST 32 ((11)): p 1145-1162 1953 1953

Document Type: Article

Record Type: Abstract

Language: Unspecified

Abstract: Elevated vena caval pressures, ranging from 100 to 250 mm. saline soln., were produced for periods of 30 min. by the inflation of a balloon in the inferior vena cava above the renal veins in 16 subjects, in the inferior vena cava below the renal veins in 13, and in the superior vena cava in 12. During the venous congestion of each of the 3 areas essentially similar changes occurred in water and electrolyte excretions, renal hemodynamics, and arterial blood pressures. The urinary excretions of Na and chloride, and less consistently of K and water, decreased. Urinary electrolyte concns. tended to

remain unchanged, and the **reduced** electrolyte excretions were usually due to the **reduced** water excretion. Occasionally water excretions **decreased** little or not at all, yet electrolyte concn. fell decidedly. **Renal** plasma flow and glomerular filtration rate usually **decreased** by 15-25% at the onset of the venous congestion and concomitantly with the **reduction** in water and electrolyte excretions. As venous congestion was maintained, both **renal** hemodynamic **functions** improved and were returning toward control values while water and electrolyte excretions remained at their low levels or **decreased** further. Filtration fraction did not change. Systemic arterial **pressure** changed little; systolic **pressure** and pulse **pressure** fell slightly (5-10 mm. Hg), while diastolic **pressure** and mean **pressure** remained essentially unchanged. Heart rate and the ecg. remained unaltered. Arterial hematocrit and plasma protein concn. did not change. Following release of inferior vena caval congestion, both including and excluding the **kidneys**, water, and electrolyte excretions, **renal** plasma flow and glomerular filtration rate returned to, or well toward, control levels, the **renal** hemodynamic **functions** promptly, the urinary excretions within 30 min. Following release of superior vena caval congestion, water and electrolyte excretions returned toward control levels slowly, or not at all, and were still **reduced** 30 min. after release of the congestion. **Renal** plasma flow and glomerular filtration rate, on the other hand, returned promptly to control values. These observations indicate that acute congestion of a sizable segment of the venous system induces a **decreased** urinary excretion of water and electrolytes. The mechanisms responsible for this effect remain to be detd.

ABSTRACT AUTHORS: Authors

23/7/3 (Item 3 from file: 5)

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Biosis Previews(R)

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05928132 Biosis No.: 198069042119

RENAL FUNCTION CORTICAL BLOOD FLOW AND MORPHOMETRY IN ISCHEMIC ACUTE RENAL FAILURE IN THE RAT

Author: AXELSEN R A (Reprint); CARTWRIGHT V E

Author Address: DEP PATHOL, MED SCH, UNIV QUEENSL, HERSTON RD, HERSTON, QUEENSL 4006, AUST **AUSTRALIA

Journal: Pathology 11 (4): p 629-640 1979

ISSN: 0031-3025

Document Type: Article

Record Type: Abstract

Language: ENGLISH

Abstract: Unilateral post-ischemic acute **renal** failure (ARF) was produced in rats by occluding the left **renal** artery and **vein** for 1 h. Left **renal function** was assessed 1 or 2 h after the end of the period of ischemia and the **kidneys** fixed by arterial perfusion. ARF was characterized by **increased** urine flow (8.1 .+- .1.2 SEM .mu.l/min per 100 g body wt, n = 14; controls 1.0 .+- .0.1, n = 11), **decreased** urinary osmolality (335 .+- .12 m osm/kg, n = 14; controls 1885 .+- .97, n = 11), and markedly **reduced** 3H inulin urine/plasma ratio (3.98 .+- .0.56, n = 14; controls .499 .+- .60, n = 9) and 3H inulin clearance (32.9 .+- .7.0 .mu.l/min per 100 g body wt, n = 14; controls 505 .+- .45, n = 9). **Renal** cortical blood flow, determined by the hydrogen desaturation technique, was less in animals with ARF (4.2 .+- .0.4 ml/min per ml of cortex, n = 8) than in controls (5.4 .+- .0.6, n = 5), but not significantly so. In vivo stereomicroscopic examination of the left **renal** surface in ARF revealed dilated proximal convoluted tubules and delayed passage of i.v. injected dye (lissamine green) through these tubules. Histological examination also showed dilated proximal convoluted tubules and cellular débris impacted in the terminal straight portions of proximal tubules and thin limbs of the loops of Henle. Light microscopic morphometric studies demonstrated significant dilatation of proximal convoluted tubules and Bowman's spaces, and significant narrowing of the lumina of distal convoluted tubules and cortical collecting ducts. Tubular **obstruction** in a polyuric model of ischemic ARF is significant in the absence of a marked **decrease** in

renal cortical blood flow. Morphometric studies are of value in experimental ARF. The usefulness of the hydrogen desaturation technique for the determination of renal cortical blood flow, reported herein for the 1st time in ischemic ARF, is emphasized.

23/7/10 (Item 10 from file: 155)

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MEDLINE(R)

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08494511 PMID: 2194031

Effects of nephrectomy on hypertension, renin activity and total renal function in patients with chronic renal artery occlusion.

Sonkodi S; Abraham G; Mohacsi G

First Department of Internal Medicine, Albert Szent-Gyorgyi Medical University, Szeged, Hungary.

Journal of human hypertension (ENGLAND) Jun 1990 , 4 (3) p277-9 , ISSN: 0950-9240-
-Print Journal Code: 8811625

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Eight hypertensive patients (5 men and 3 women, aged between 31 and 64 years) with chronic total occlusion of one renal artery were observed for the past ten years. The peripheral plasma renin activity (PRA) and the renal vein PRA ratio (mean 3.18) were abnormally high in all cases. Because of the small size of the affected kidney (less than 9 cm in length), nephrectomy was the chosen treatment. Postoperative investigations revealed decreases in blood pressure (from 202/118 to 147/93 mmHg), peripheral PRA (from 6.05 to 1.05 ng/ml/h; P less than 0.001), serum creatinine (from 188.8 to 145.1 mumol/100 ml) urine volume (from 1937.5 to 1214.3 ml) and increases in endogenous creatinine clearance (from 36.57 to 53.0 ml/min). The results suggest that, apart from the decrease in blood pressure, the nephrectomy led to the disappearance of a factor which depresses the renal function in cases of chronic renal artery occlusion and which may be related to the renin-angiotensin system.

Record Date Created: 19900808

Record Date Completed: 19900808

23/7/16 (Item 16 from file: 5)

Fulltext available through: [USPTO Full Text Retrieval Options](#)

Biosis Previews(R)

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12918087 Biosis No.: 199598385920

Renovascular hypertension new diagnostic and therapeutic procedures

Author: Jensen Gert

Author Address: Dep. Nephrol., Sahlgrenska Univ. Hosp., Univ. Goteborg, S-413 45 Goteborg, Sweden**Sweden

Journal: Scandinavian Journal of Urology and Nephrology Supplementum 0 (170): p 2-78 1995 1995

ISSN: 0300-8886

Document Type: Article

Record Type: Abstract

Language: English

Abstract: Renovascular hypertension (RVH) remains a leading cause of potentially curable hypertension, Although RVH affects less than 1% of the unselected hypertensive population, between 10% and 35% of appropriately screened patients referred to specialised centres for problematic hypertension may prove to have renovascular disease.

Advances in percutaneous transluminal **renal** angioplasty (PTRA) have renewed interest in developing better noninvasive screening tests for identifying patients with potentially correctable hypertension or **renal** impairment due to renovascular disease caused by either fibromuscular dysplasia (FMD) or arteriosclerosis. Duplex ultrasound with the two-dimensional Echo-Colour-Doppler technique for measurements of blood flow velocities in the **renal** interlobar arteries as expressed in the Pulsatility Index (PI) has been evaluated. Experimentally induced changes in renovascular resistance (RVR) in normotensives and in primary hypertensives were registered noninvasively by means of PI-measurements. A significant correlation between the absolute values of PI and RVR was found in hypertensives ($r = 0.50$, $p < 0.002$), but not in normotensives. In both groups, the changes of RVR due to angiotensin II infusion and ACE-inhibition were significantly correlated to the changes in PI (normotensives: $r = 0.69$, $p < 0.001$, primary hypertensives : $r = 0.64$, $p < 0.001$). Normally, the blood flow velocities as expressed by the PI in the **renal** vasculature of the two **kidneys** are equal. In hypertensive patients, PI was lower in **kidneys** with significant **renal** artery stenosis (RAS) than in **kidneys** without RAS ($p < 0.001$). Doppler signals were absent in all **kidneys** with **renal** artery **occlusion**. A bilateral low PI combined with normal side difference in PI may in hypertensive patients indicate bilateral RAS. RVH was correctly diagnosed in 84% of the patients and the presence of RAS in 94%. Provocative testing of an activated renin-angiotensin system by means of an angiotensin converting enzyme inhibitor (ACEI) constitutes the foundation for screening for RVH using gamma camera renography with ^{99m}Tc -DTPA as a glomerular filtration marker. In 20 consecutive patients with successfully treated RVH, one-third of the patients were not correctly diagnosed using ACEI-enhanced ^{99m}Tc -DTPA gamma camera renography, which indicates that some patients with RVH have compensatory mechanisms to maintain GFR after ACE inhibition. The relationship between the renin-angiotensin system and erythropoietin (EPO) production was studied in 20 patients with RAS and hypertension. Higher EPO levels were found in patients with a unilaterally activated renin-angiotensin system compared with patients without ($27.3 \pm 16.8 \text{ mU/ml}$ vs. $14.1 \pm 11.3 \text{ mU/ml}$, $p < 0.05$), but no increase in **renal vein** EPO concentration from the **functional** stenotic **kidney** was found. EPO measurements in **renal vein** or peripheral blood cannot be used in the diagnostic work-up in patients with suspected **renal** artery stenosis. Percutaneous transluminal **renal** angioplasty (PTRA) was performed in 180 **renal** arteries in 137 patients, 30 of which had FMD and 107 arteriosclerotic vascular disease (AVD). The cure and improvement rate for hypertension at one year's follow-up was 86% in FMD and 64% in AVD patients. Comparing dynamic **renal vein** renin release studies with clinical outcome, a sensitivity of 95% and a specificity of 75% was achieved. Total **renal function** was improved in both groups ($p < 0.001$), the improvement being made by the revascularised **kidney**. The incidence of complications was 5%. The angiographic one-year followup revealed a recurrence rate of 6.7% for FMD and 15.1% for AVD patients. PTRA may be considered firmly established as the method of first choice for treatment of RVH.

27/7/5 (Item 5 from file: 155)

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MEDLINE(R)

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08758100 PMID: 1992825

Responses of spinoreticular cells to graded increases in renal venous pressure.

Ammons W S

Department of Physiology, Thomas Jefferson University, Philadelphia, Pennsylvania 19107.
American journal of physiology (UNITED STATES) Jan 1991 , 260 (1 Pt 2) pR27-31 ,

ISSN: 0002-9513--Print Journal Code: 0370511

Contract/Grant No.: HL-36378; HL; NHLBI

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Previous work established that **occlusion** of the **renal vein** excites spinoreticular tract (SRT) neurons of the cat. The present study was designed to determine the relationship between **renal vein pressure** level and SRT cell activity. Experiments were performed on 40 cats that were anesthetized with alpha-chloralose. Sixty SRT neurons in the T12-L2 segments were tested for responses to a **renal vein pressure** (RVP) of 60 mmHg. Twenty-three cells responded with an **increase** in activity. Stimulus response relationship for these cells were determined over the RVP range of 10-80 mmHg. RVP thresholds averaged 25 ± 3 mmHg. Above this level greater **increases** in RVP were associated with greater **increases** in neuronal activity. At RVP of 80 mmHg cell activity **increased** from 4 ± 2 to 21 ± 5 spikes/s. Cells with both A delta- and C-fiber **renal** afferent inputs had significantly greater responses and **lower** thresholds than cells with only A delta input. **Renal vein occlusion evoked increases in blood pressure.** At a **renal vein pressure** of 80 mmHg, pressor responses averaged 16 ± 5 mmHg. No significant changes in heart rate were observed. The results demonstrate that SRT cells are capable of encoding the level of RVP. Such responses may be important for grading of reflexes of **renal** origin that require supraspinal circuitry.

Record Date Created: 19910312

Record Date Completed: 19910312

35/7/1 (Item 1 from file: 5)

Biosis Previews(R)

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0000700515 Biosis No.: 19512500033487

Effect of renal venous occlusion on intrarenal pressure

Author: SWANN H G; MONTGOMERY A V; LOWRY J S

Author Address: U. Texas Med. Br., Galveston

Journal: PROC SOC EXPTL BIOL AND MED 76 ((4)): p 773-777 1951 1951

Document Type: Article

Record Type: Abstract

Language: Unspecified

Abstract: When the **renal vein** is completely **occluded**, the **intrarenal pressure increases** about 3-fold, being **elevated** to the simultaneous **pressure** in the **vein** on the **renal** side of the **occlusion**. Usually this **pressure** is somewhat less than the simultaneous diastolic **blood pressure**. When the **vein** is partially **occluded**, **intrarenal pressure** does not change until the simultaneous **pressure** in the **vein** on the **renal** side of the **occlusion rises** to the original **intrarenal pressure**. At this point, as the **occlusion** is **increased**, the 2 **pressures rise** together and always have the same value. The hypothesis is proposed that the **pressure** inside the **renal** peritubular capillaries, venules, uriniferous tubules and lymphatics is normally just above **intrarenal pressure**, i.e., at 25 mm. Hg. The authors suppose that just as these vessels leave the **renal** parenchyma the **pressure** in them abruptly **declines** toward zero, and this situation permits reabsorption to take place, freed from the influence of random or pathological fluctuations in **vena cava pressure**. Oncotic **pressures** and cellular metabolic processes, therefore, are presumed to be the primary determinants of differential reabsorption. ABSTRACT AUTHORS: H. G. Swann

35/7/2 (Item 2 from file: 155)

Fulltext available through: [USPTO Full Text Retrieval Options](#)

MEDLINE(R)

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00933679 PMID: 13529697 Record Identifier: 5834-22169-323-326-491

The effect of increasing pressure in the renal veins and of obstruction to renal lymphatic outflow upon urinary protein concentration.

KLAUS R; SHALLOW J; MURPHY J J

Surgical forum (Not Available) 1957 , 8 p613-6 , ISSN: 0071-8041--Print Journal
Code: 0337723
Publishing Model Print
Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Other Citation Owner: CLML
Record type: OLDMEDLINE; Completed
Record Date Created: 19581201
Record Date Completed: 20000701

35/7/4 (Item 4 from file: 5)

Biosis Previews(R)
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0000976315 Biosis No.: 19593300021318.

Elevation of inferior vena cava pressure and thoracic lymph and urine flow

Author: KATZ YALE J; COCKETT A T K

Author Address: U. Southern California Sch. Med., Los Angeles

Journal: CIRCULATION RES 7 (1): p 118-122 1959 1959

Document Type: Article

Record Type: Abstract

Language: Unspecified

Abstract: With an **increase** in **renal vein pressure** by partial **obstruction** of the inferior vena cava in dogs, there follows an **increase** in thoracic lymph flow and a simultaneous **increase** in urine flow and urine sodium excretion per minute. The **increase** in lymph flow appears to be caused by an **increased** production of **renal lymph**, since control animals with absent or **nonfunctioning kidneys** fail to show this lymph flow **increase**. **Renal deviation** of fluid and sodium to the lymphatics may similarly occur in heart failure and account for the retention of sodium and water. ABSTRACT AUTHORS: Authors

35/7/8 (Item 8 from file: 5)

Biosis Previews(R)
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0001642620 Biosis No.: 19664700046721

Histologic and functional changes following partial occlusion of the renal vein in the dog: A preliminary study

Author: SANDROLINI JAMES A; TORRES CESAR; POLLAK VICTOR E

Author Address: Presbyterian-Saint Luke's Hosp., Chicago, Ill., USA

Journal: INVEST UROL 3 (1): p 83-91 1965 1965

Document Type: Article

Record Type: Abstract

Language: Unspecified

Abstract: An experimental model was utilized to study **renal** physiologic and morphologic changes in the dog following unilateral partial **renal vein** ligation. An **increased renal venous pressure**, to between 100 and 300 mm of saline, was not associated with significant proteinuria from either the affected or the control **kidney**. Histologic changes occurred following **renal vein** ligation. The most striking of these were **increased** protein **droplets** in the tubular cells, leukocyte margination in the glomerular capillaries, and some thickening of the glomerular basement membrane. The significance of the **functional** and histologic findings is discussed. Further studies are needed before conclusions are drawn concerning the relationship of **renal vein pressure** to proteinuria and morphologic changes. ABSTRACT AUTHORS: Authors

35/7/9 (Item 9 from file: 5)

Biosis Previews(R)

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0001945871 Biosis No.: 19684900104512

Mechanism of the reflex depressor effect by kidney in dog

Author: UEDA HIDEO; UCHIDA YASUMI; KAMISAKA KAZUAKI

Author Address: Fac. Med.. Univ., Tokyo, Jap.

Journal: JAP HEART J 8 ((6)): p 597-606 1967 1967

Conference/Meeting: XXXIII International Congress of Physiol-logical Sciences: First International Symposium on Pulmonary Edema, Tokyo, Jap., September 2, 1965

Document Type: Meeting

Record Type: Abstract

Language: Unspecified

Abstract: The mechanism of the reflex depressor function from the **kidney** was studied in anesthetized dogs with pentobarbitone sodium under artificial breathing. The action potentials of the efferent **renal** nerve (sympathetic) were **decreased** by compression of the **kidney** and **renal vein occlusion**, and were followed by a fall in systemic arterial **pressure**. The efferent action potentials were slightly **increased** or unchanged by **renal artery occlusion**, but were followed by a **rise** in the systemic arterial **pressure**. The action potentials of the afferent **renal** nerve **increased** with the **rise** in the **intrarenal pressure** produced by compression of the **kidney**, **renal vein occlusion**, and **elevation** of the perfusion **pressure** of the **kidney** in cross-perfusion experiments. The afferent discharge **decreased** with the fall in the **intrarenal pressure** produced by **renal artery occlusion**. The action potentials of the efferent nerve **decreased** by electric stimulation of the afferent nerve, and were followed by a fall in the systemic arterial **pressure**. The action potentials of the afferent nerve evoked by compression of the **kidney**, **elevation** of the **intrapelvic pressure**, and **renal vein occlusion**, did not vanish after subcapsular and intrapelvic injection of 2% procaine or total decapsulation. The evoked action potentials disappeared after injection of procaine into the **renal** artery. The receptor, which is sensitive to changes of **intrarenal pressure**, is activated by **elevation** of the **intrarenal pressure** and causes reflex hypotension by means of the inhibition of the sympathetic discharge. **ABSTRACT AUTHORS:** Authors

35/7/10 (Item 10 from file: 155)

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MEDLINE(R)

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02702466 PMID: 5359478

Experimental obstructive nephropathy in the pig. II. Pathology.

Matz L R; Craven J D; Hodson C J

British journal of urology (ENGLAND) Dec 1969 , 41 pSuppl:21-35 , ISSN: 0007-1331-
-Print Journal Code: 15740090R

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Record Date Created: 19700202

Record Date Completed: 19700202

35/7/11 (Item 11 from file: 155)

Fulltext available through: [USPTO Full Text Retrieval Options](#) [ProQuest](#)

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02599954 PMID: 5770214

Left renal vein pressure following acute occlusion in man.

Killen D A; Zukoski C F; Edwards R H
American surgeon (UNITED STATES) Jun 1969 , 35 (6) p439-43 , ISSN: 0003-1348--
Print Journal Code: 0370522
Publishing Model Print
Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
Record Date Created: 19690703
Record Date Completed: 19690703

35/7/29 (Item 29 from file: 94)

Fulltext available through: USPTO Full Text Retrieval Options

JICST-EPlus

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01877568 JICST Accession Number: 93A0721266 File Segment: JICST-E

The influence of increased venous pressure on renal circulation and function. The role of high right atrial pressure on renal insufficiency during left univentricular support.

AKAMATSU HIDEKI (1); ARAI HIROKUNI (1); SAKAMOTO TOORU (1); SUZUKI AKIO (1)

(1) Tokyo Medical and Dental Univ.

Jinko Zoki, Nippon Jinko Zoki Gakkai (Japanese Journal of Artificial Organs) , 1993 , VOL.22,NO.4 , PAGE.1193-1198 , FIG.9, REF.10

Journal Number: Z0557BAD ISSN: 0300-0818

Universal Decimal Classification: 616/618-76/78

Language: Japanese Country of Publication: Japan

Document Type: Journal

Article Type: Original paper

Media Type: Printed Publication

Abstract: Although clinical experience showed the effectiveness of LVAD for maintaining systemic flow and **pressure** on postcardiotomy cardiogenic shock patients, **renal insufficiency** might likely progress when the right atrial **pressure**(RAP) was high. The influence of **increased** venous **pressure** on renal circulation and **function** was studied using eight adult mongrel dogs. An **occlusion balloon** catheter was applied selectively in left **renal vein** to obtain high **renal vein pressure**(RVP), simulating clinical settings of high RAP with normal **blood pressure**(BP) and cardiac output(CO). **Renal** blood flow, urine output and free water clearance of left **kidney**(RVP=25.1.+-1.6mmHg) were significantly **lower** than those of right **kidney**(RVP=2.6.+-0.7mmHg), despite of normal BP and CO. To avoid the progression of **renal insufficiency**, early application of RVAD would be useful for the patient who is supported by LVAD and has high RAP. (author abst.)

[File 9] **Business & Industry(R)** Jul/1994-2007/Mar 19
[File 16] **Gale Group PROMT(R)** 1990-2007/Mar 19
[File 160] **Gale Group PROMT(R)** 1972-1989
[File 149] **TGG Health&Wellness DB(SM)** 1976-2007/Mar W1
[File 148] **Gale Group Trade & Industry DB** 1976-2007/Mar 09
[File 135] **NewsRx Weekly Reports** 1995-2007/Mar W2
[File 441] **ESPICOM Pharm&Med DEVICE NEWS** 2007/Sep W2
[File 636] **Gale Group Newsletter DB(TM)** 1987-2007/Mar 19

Set	Items	Description
S1	426	S VEIN? ?(2N) (KIDNEY? ? OR RENAL)
S2	1251033	S OCCLUD? OR OCCLUSI??? OR BALLOON? ? OR BLOCK??? OR OBSTRUCT?
S3	101581	S BLOOD()PRESSURE
S4	10253033	S INCREAS??? OR ELEVAT??? OR RAIS? OR RISE? ?
S5	8183481	S LOWER??? OR DECREAS??? OR REDUC???? OR DECLIN? OR DROP
S6	502751	S CONTRAST OR RADIOCONTRAST OR RADIOPAQUE
S7	1147952	S PRESSURE
S8	33956	S NEPHROPATHY OR (KIDNEY? ? OR RENAL) (S) (DYSFUNCTION OR FUNCTION??? OR INSUFFICIENCY OR INSULT)
S9	19	S S1(3N)S2
S10	12667	S S3(2N)S4
S11	18193	S S3(2N)S5
S12	0	S S9(S)S10(S)S11
S13	6	S S1(S)S2(S)S3
S14	4	RD (unique items)
S15	78	S S8(S)S1
S16	4	S S2(S)S7(S)S15
S17	2	S S16 NOT S13 [not relevant]

14/3, K/2 (Item 2 from file: 149)

TGG Health&Wellness DB(SM)

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01473323 **Supplier Number:** 14825526 (USE FORMAT 7 OR 9 FOR FULL TEXT)

Molecular biology of the renin cascade in hypertension.

Weston, Philip; Swales, John D.; Thurston, Herbert; Lodwick, David; Samani, Nilesh
The Lancet , v343 , n8890 , p151(4)

Jan 15 , 1994

Publication Format: Magazine/Journal

ISSN: 0099-5355

Language: English

Record Type: Fulltext; Abstract **Target Audience:** Professional

Word Count: 4002 **Line Count:** 00331

...the rat, **renal** artery constriction plus contralateral nephrectomy produced a rapid and severe **rise in blood pressure** with evidence of volume overload.[4] The renin content of the clipped **kidney** dropped when...**renal** venous renin rose only when the opposite **kidney** was left *in situ*.[6] Moreover, **blockade** of the renin-angiotensin system by the angiotensin II antagonist saralasin lowered the **blood pressure** only of 2K1C hypertensive rats.[7] Total exchangeable sodium levels rose in rats with contralateral...

...hypertension in the 1K1C model since dietary salt restriction does not prevent the **rise in blood pressure** after clipping.[9] In the 2K1C model there is a direct relation between plasma renin concentration and **blood pressure** in the early phase of hypertension (less than 6 weeks after **renal** artery constriction) but...

...chronic phase (more than 4 months after clipping). Moreover, in the chronic phase renin-angiotensin **blockade** by lengthy infusion of saralasin or angiotensin-converting-enzyme (ACE) inhibitor does not **lower**

the **blood pressure**. [10] Thus, the renin-angiotensin system seems to be far less important for the maintenance of **blood pressure** in chronic 2K1C hypertension. However, removal of the **renal artery clip** restores **blood pressure** rapidly to normal in the 2K1C and 1K1C models with long-standing hypertension. [10,11] In the 1K1C model, removal of the clip led to natriuresis and a fall in **blood pressure**, whereas in the 2K1C model a modest degree of sodium retention occurred. [11] Thus in...
...response to unclipping. In the 1K1C model plasma renin is low normal, yet unclipping restores **blood pressure** to normal. In translating these results to human renovascular hypertension, several parallels can be drawn. In the 2K1C situation neither plasma renin nor plasma **renal vein** renin concentrations can be predictors of success for reconstructive surgery or angioplasty. The patient described...

14/3, K/3 (Item 3 from file: 149)

TGG Health&Wellness DB(SM)

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01281788 **Supplier Number:** 10842121

Chronic pyelonephritis: the significance of renal renin and the vascular changes in the human kidney.

Peh, Suat Cheng; Lindop, George B.M.

Journal of Pathology , v163 , n4 , p343(7)

April , 1991

Publication Format: Magazine/Journal

ISSN: 0022-3417

Language: English

Record Type: Abstract **Target Audience:** Professional

Abstract: ...bacterial infection which, in both its acute and chronic forms, may be associated with high **blood pressure** (hypertension). The walls of the **renal artery** (which delivers blood to the **kidney**) in pyelonephritisjuxtaglomerular apparatus (JGA), a group of cells in the **kidney** critical for the regulation of **blood pressure**. The JGA produces renin, which causes vasoconstriction (constriction of blood vessels, **raising blood pressure**). Renin-containing cells (RCCs) are known to be abnormally distributed in some **kidney** diseases. To... ...surgically removed from patients with that disease were examined. Six of the patients had high **blood pressure** and 12 had normal **blood pressure**. Five of the six **kidneys** from patients with high **blood pressure** and seven of the 12 **kidneys** from patients with normal **blood pressure** had more than the normal number of RCCs, with no differences noted with respect to **blood pressure** in number or distribution of these cells. No relationships were found between the degree of narrowing and **blood pressure** or the degree of narrowing and the number of RCCs. **Kidney veins** were more severely damaged than **kidney** arteries, and many were **blocked** by clotted blood. These findings do not support an association between hypertension in pyelonephritis and narrowing of the arteries within the **kidney**. Extensive damage to **kidney veins** may impair the blood flow within the organ, leading to the tissue damage characteristic of...

File 149:TGG Health&Wellness DB(SM) 1976-2007/Mar W1
(c) 2007 The Gale Group

Set	Items	Description
S1	19	((CONTRAST OR RADIOCONTRAST) ()NEPHROPATHY) (S) (TREAT? OR P-REVENT?)
S2	7	S1/2004:2005
S3	1	S1/2006:2007
S4	11	S1 NOT S2:S3
S5	11	Sort S4/ALL/PD,A

5/3,K/2

DIALOG(R)File 149:TGG Health&Wellness DB(SM)

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01813480 SUPPLIER NUMBER: 53545095 (USE FORMAT 7 OR 9 FOR FULL TEXT)

PREPARED: PREPreparation for Angiography in RENal Dysfunction(*): A Randomized Trial of Inpatient vs Outpatient Hydration Protocols for Cardiac Catheterization in Mild-to-Moderate Renal Dysfunction.

Taylor, Allen J.; Hotchkiss, David; Morse, Robert W.; McCabe, John Chest, 114, 6, 1570(1)

Dec, 1998

PUBLICATION FORMAT: Magazine/Journal; Refereed ISSN: 0012-3692

LANGUAGE: English RECORD TYPE: Fulltext TARGET AUDIENCE: Professional

WORD COUNT: 3454 LINE COUNT: 00395

... to detect a difference between groups for a threshold change in creatinine considered to represent " **contrast nephropathy** ." However, the primary end point used in this study, the maximal change in creatinine 48 h postcatheterization, has been established as a relevant parameter for the comparison of protocols to **prevent** CRD.(1)

Clinical Implications

PREPARED suggests that an outpatient hydration protocol that consists of oral...

5/3,K/3

DIALOG(R)File 149:TGG Health&Wellness DB(SM)

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01838135 SUPPLIER NUMBER: 54825111 (USE FORMAT 7 OR 9 FOR FULL TEXT)

Prophylaxis against contrast induced nephropathy. (Commentary)

The Lancet, 353, 9165, 1638

May 15, 1999

PUBLICATION FORMAT: Magazine/Journal; Refereed ISSN: 0099-5355

LANGUAGE: English RECORD TYPE: Fulltext; Abstract TARGET AUDIENCE:
Professional

WORD COUNT: 1200 LINE COUNT: 00105

... et al. A prospective randomized trial of prevention measures in patients at high risk for **contrast nephropathy** . J Am Coll Cardiol 1999; 33: 403-11.

7. Hans SS, Hans BA, Dhillon R...

FOREIGN AND INTERNATIONAL PATENTS

File 350:Derwent WPIX 1963-2006/UD=200719

File 347:JAPIO Dec 1976-2006/Nov(Updated 070228)

Set Items Description

S1 7 ((CONTRAST OR RADIOCONSTRAST) ()NEPHROPATHY) (S) (TREAT? OR P-
REVENT?) [not relevant]

[File 350] Derwent WPIX 1963-2006/UD=200719

[File 347] JAPIO Dec 1976-2006/Nov(Updated 070228)

Set Items Description

S1 190 S VEIN? ?(2N) (KIDNEY? ? OR RENAL)

S2 1621031 S OCCLUD? OR OCCLUSI??? OR BALLOON? ? OR BLOCK??? OR OBSTRUCT?

S3 15453 S BLOOD()PRESSURE

S4 2914221 S INCREAS??? OR ELEVAT??? OR RAIS? OR RISE? ?

S5 6113776 S LOWER??? OR DECREAS??? OR REDUC???? OR DECLIN? OR DROP

S6 98562 S CONTRAST OR RADIOCONTRAST OR RADIOPAQUE

S7 1813190 S PRESSURE

S8 11982 S NEPHROPATHY OR (KIDNEY? ? OR RENAL) (S) (DYSFUNCTION OR FUNCTION??? OR
INSUFFICIENCY OR INSULT)

S9 11 S S1(3N)S2

S10 1255 S S4(3N)S3

S11 3750 S S5(3N)S3

S12 1 S S9 AND S10 AND S11 [a duplicate]

S13 10 S S9 NOT S12

S14 2 S S3 AND S9

S15 1 S S14 NOT S12 [not relevant]

S16 9 S S13 NOT S14

S17 4 S S7 AND S9

S18 2 S S17 NOT (S12 OR S14) [not relevant]

S19 7 S S9 NOT (S12 OR S14 OR S17)

S20 26 S S1 AND S6

S21 4 S S3 AND S20

S22 3 S S21 NOT (S9 OR S12 OR S14 OR S17) [1 duplicate; 2 not relevant]

S23 276 S S6 AND S8

S24 12 S S1 AND S23

S25 8 S S24 NOT (S21 OR S9 OR S12 OR S14 OR S17)

S26 9 S S1(S)S2(S)S7

S27 5 S S26 NOT (S24 OR S21 OR S9 OR S12 OR S14 OR S17) [not relevant]

19/5/5 (Item 5 from file: 350)

Derwent WPIX

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0010425149 Drawing available

WPI Acc no: 2001-023672/200103

Related WPI Acc No: 2002-061375

XRPX Acc No: N2001-018423

Pericardial procedure for inserting by-pass shunt into atrio-venous system during surgery,
involves inflating balloon near renal veins to occlude flow of blood into retrohepatic
vena cava

Patent Assignee: ANDERSON A A (ANDE-I); ANDERSON B B (ANDE-I)

Inventor: ANDERSON A A; ANDERSON B B

Patent Family (1 patents, 1 countries)

Patent Number	Kind	Date	Application Number	Kind	Date	Update	Type
US 6148825	A	20001121	US 199823488	A	19980213	200103	B

Priority Applications (no., kind, date): US 199823488 A 19980213

Alerting Abstract US A

NOVELTY - A shunt is fixed within a venous system so that the distal portion of the shunt lies within an inferior vena cava (9). A balloon is inflated near renal veins (10) to occlude the flow of blood from renal veins and inferior vena cava into a retrohepatic vena cava so that the blood will be diverted into the vena caval opening of the shunt through the shunt and out of an atrial opening into a right atrium (8).

DESCRIPTION - An INDEPENDENT CLAIM is also included for an infra diaphragmatic procedure. USE - For inserting by-pass shunt into atrio-venous system during surgery on retrohepatic vena cava.

ADVANTAGE - Eliminates need for customization of devices not originally intended for shunting the blood. Enables easy and accurate identification of the site within pericardium.

DESCRIPTION OF DRAWINGS - The figure shows the explanatory drawing of device functionally seated in venous system.

8 Right atrium

9 Inferior vena cava

10 Renal veins

19/5/7 (Item 7 from file: 350)

Derwent WPIX

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0001124368

WPI Acc no: 1976-A8235X/197604

Vena cava inferior catheter - branch with inflatable cuff maintains shunt blood flow when occluding renal veins

Patent Assignee: MOSC MEDICINE INST (MOME-R)

Patent Family (1 patents, 1 countries)

Patent Number	Kind	Date	Application Number	Kind	Date	Update	Type
SU 467743	A	19750514	SU 1895182	A	19730323	197604	B

Alerting Abstract SU A

The catheter features an elastic tube (1) with apertures (2) on its side and inflatable balloons (3/4) separately connected to the tube for compression. The inflatable cuff (8) is blown through branch (7) for stopping the blood flow from the section in the vena cava while the blood flow from the kidney is carried out through apertures (2).

25/5/7 (Item 7 from file: 350)

Derwent WPIX

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0010348690 Drawing available

WPI Acc no: 2000-664066/200064

XRAM Acc no: C2000-201093

XRPX Acc No: N2000-492074

Non-invasive measurement of renal hemodynamic functions using magnetic resonance imaging

Patent Assignee: UNIV CALIFORNIA (REGC)

Inventor: DUMOULIN C L; KATZBERG R W

Patent Family (1 patents, 1 countries)

Patent Number	Kind	Date	Application Number	Kind	Date	Update	Type
US 6122540	A	20000919	US 1994257011	A	19940608	200064	B
			US 1995497024	A	19950630		

Priority Applications (no., kind, date): US 1994257011 A 19940608; US 1995497024 A 19950630

Alerting Abstract US A

NOVELTY - Measuring **renal function** in a living subject comprising obtaining a longitudinal spin relaxation time of the subject's blood, injecting a longitudinal spin relaxation time **contrast** agent, measuring a longitudinal spin relaxation time of pre- and postfiltered blood and calculating a filtration fraction, is new.

DESCRIPTION - A method of measuring **renal function** in a living subject comprises: obtaining a longitudinal spin relaxation time of the subject's blood without any added **contrast** agents, T_1B ;

injecting a longitudinal spin relaxation time **contrast** agent into the subject's blood shortening the longitudinal spin relaxation time of the blood;

measuring a longitudinal spin relaxation time of prefiltered blood, T_1A , prefiltered blood being blood on its way into the **kidney**, with magnetic resonance (MR) techniques, subsequent to injecting the **contrast** agent;

measuring a longitudinal spin relaxation time of postfiltered blood, T_1V , post-filtered blood being **blood** on its way out of the **kidney**, with magnetic resonance (MR) techniques, subsequent to injecting the **contrast** agent; and

calculating a filtration fraction, FF, from T_1A , T_1B and T_1V indicating the fraction of **contrast** agent filtered from the **subject**'s blood.

USE - The method is used to measure the glomerular filtration rate (GFR) from the filtration fraction (FF) and the **renal** plasma flow (RPF) with the formula $GFR = FF \times RPF$.

INVENTOR

[File 350] **Derwent WPIX** 1963-2006/UD=200719
[File 347] **JAPIO** Dec 1976-2006/Nov(Updated 070228)

Set	Items	Description
S1	143	S AU=(GELFAND M? OR GELFAND, M?)
S2	124	S AU=(LEVIN H? OR LEVIN, H?)
S3	40	S S1 AND S2
S4	2	S RENAL() NEPHROPATHY
S5	0	S S1:S2 AND S4
S6.	36972	S KIDNEY? ? OR RENAL
S7	24	S S3 AND S6
S8	53290	S OCCLUD? OR OCCLUS? OR BALLOON? ?
S9	20556	S VEIN? ? OR VENOUS
S10	3	S S7 AND S8
S11	4097	S INSULT OR NEPHROPATHY
S12	6	S S1:S2 AND S6 AND S11
S13	4	S S12 NOT S10
S14	15453	S BLOOD() PRESSURE
S15	2	S S1:S2 AND S6 AND S9 AND S14
S16	0	S S15 NOT (S10 OR S12)
S17	96732	S RADIOCONTRAST OR CONTRAST
S18	6	S S1:S2 AND S6 AND S17
S19	0	S S18 NOT (S10 OR S12)

10/26, TI/3 (Item 3 from file: 350)

Derwent WPIX

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0010767341

WPI Acc no: 2001-381519/

Method of perfusion of kidney in patient having beating heart, using perfusion catheter assembly having introducer catheter and perfusion catheter tip

10/5/1 (Item 1 from file: 350)

Derwent WPIX

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0014443757 Drawing available

WPI Acc no: 2004-634443/200461

Related WPI Acc No: 2004-614920

XRAM Acc no: C2004-227854

XRXPX Acc No: N2004-501534

Protecting kidney in patient from insult involves reducing renal vein blood pressure from elevated blood pressure

Patent Assignee: PLC SYSTEMS INC (PLCS-N)

Inventor: GELFAND M; LEVIN H; LEVIN H R

Patent Family (3 patents, 107 countries)

Patent Number	Kind	Date	Application Number	Kind	Date	Update	Type
US 20040167415	A1	20040826	US 2003449174	P	20030224	200461	B
			US 2003449263	P	20030224		
			US 2004784231	A	20040224		
WO 2004075776	A2	20040910	WO 2004US5328	A	20040224	200461	E
EP 1603628	A2	20051214	EP 2004714099	A	20040224	200582	E
			WO 2004US5328	A	20040224		

Priority Applications (no., kind, date): US 2003449263 P 20030224; US 2003449174 P 20030224; US 2004784231 A 20040224

Alerting Abstract US A1

NOVELTY - Protecting a **kidney** (107) in a patient (101) from an insult comprises at least partially **occluding** a **renal** vein, elevating a **renal** vein blood pressure and reducing the **renal** vein blood pressure from the elevated blood pressure.

DESCRIPTION - INDEPENDENT CLAIMS are also included for:

minimizing radiocontrast nephropathy in a patient which comprises at least partially occluding a renal vein and elevating a renal vein blood pressure during a period coinciding with an injection of contrast in the blood, and

a system for treating radiocontrast nephropathy in a patient which comprises a renal catheter (111) comprising a distal tip section having a renal vein occlusion device and a renal vein pressure detector, and a proximal section external of the patient when the distal tip section is positioned in a renal vein, and an actuator for the renal vein occlusion device and connectable to the proximal section of the renal catheter, where the actuator controls the renal vein occlusion device.

USE - Used for protecting a kidney in a patient from an insult, e.g. injections, surgical procedures or hypertension.

ADVANTAGE - The method reduces the exposure of kidneys to insult.

DESCRIPTION OF DRAWINGS - The figure is a schematic diagram of the kidneys and vascular systems in a patient.

101 Patient

107 Kidney

111 Catheter

114 Monitoring console

116 Conduit

Class Codes

International Patent Classification

IPC	Class Level	Scope	Position	Status	Version Date
A61B-005/02; A61F; A61M-027/00			Main		"Version 7"

US Classification, Issued: 600500000

DWPI Class: B05; P31; P34

Manual Codes (CPI/A-N): B11-C04; B14-N10

10/5/2 (Item 2 from file: 350)

Derwent WPIX

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0014424697 Drawing available

WPI Acc no: 2004-614920/200459

Related WPI Acc No: 2004-634443

XRAM Acc no: C2004-221497

XRPX Acc No: N2004-486237

Protection of kidney in mammalian patient to prevent or treat acute renal failure involves temporarily and reversibly increasing fluid pressure in the renal pelvis or blood pressure in the renal veins

Patent Assignee: PLC SYSTEMS INC (PLCS-N)

Inventor: GELFAND M; LEVIN H; LEVIN H R

Patent Family (5 patents, 107 countries)

Patent Number	Kind	Date	Application Number	Kind	Date	Update	Type
US 20040163655	A1	20040826	US 2003449174	P	20030224	200459	B
			US 2003449263	P	20030224		
			US 2004784807	A	20040224		
WO 2004075948	A2	20040910	WO 2004US5327	A	20040224	200459	E
EP 1599240	A2	20051130	EP 2004714083	A	20040224	200578	E
			WO 2004US5327	A	20040224		

JP 2006518649	W	20060817	WO 2004US5328	A	20040224	200654	E
			JP 2006503812	A	20040224		
JP 2006518758	W	20060817	WO 2004US5327	A	20040224	200654	E
			JP 2006503811	A	20040224		

Priority Applications (no., kind, date): US 2003449263 P 20030224; US 2003449174 P 20030224; US 2004784807 A 20040224

Alerting Abstract US A1

NOVELTY - Protecting the **kidney** in a mammalian patient comprising reducing a **renal** function of at least one **kidney** (107) by artificially increasing pressure in a urinary tract of the **kidney** and reducing the pressure in the urinary tract to increase the **renal** function above the reduced **renal** function. The increase of pressure in the urinary tract is temporary (for at least one hour) and reversible, is new.

DESCRIPTION - The urinary tract pressure is increased by artificially infusing fluid into bladder of the patient prior to administration of a contrast agent or prior to hypotensive surgery.

An INDEPENDENT CLAIM is included for a system for preventing or treating acute **renal** failure (ARF) in mammalian patient.

USE - The method is useful for preventing or treating acute **renal** failure from such causes as radiocontrast nephropathy in a mammalian patient (claimed) and protecting the **kidney** from damage that can cause **renal** ischemia, **renal** medullary hypoxia.

ADVANTAGE - The method allows temporary reduction of the **renal** oxygen demand. The treatment increases **renal** blood flow to increase the ratio of oxygen supply to oxygen demand of the **kidney** by primarily decreasing the demand. The oxygen demand of the **kidney** may be reduced by at least partially, temporarily and reversibly impeding the ability of the **kidney** to filter blood. The **renal** blood flow to glomerular filtration rate (GFR) ratio of **kidneys** is artificially increased for duration of the insult that can last from several hours to weeks. The method prevents impending ARF **renal** failure regardless of etiology; minimizes the damage from existing ARF; reduces hospital days; reduces mortality and morbidity; and reduces cost.

DESCRIPTION OF DRAWINGS - The figure illustrates the treatment of a patient by increasing **renal** vein pressure.

- 101 Patient
- 106 **Renal** vein
- 107 **Kidney**
- 111 Catheter
- 112 **Balloon**
- 114 **Balloon** inflation device.

13/26, TI/1 (Item 1 from file: 350)

Derwent WPIX

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0016432527

WPI Acc no: 2007-148725/

Bilateral renal neuromodulation providing method, involves modulating left neural fiber that contributes to renal function of left kidney of patient using applicators positioned within renal vasculature of patient

13/26, TI/2 (Item 2 from file: 350)

Derwent WPIX

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0016355506

WPI Acc no: 2007-071676/

Monopolar renal neuromodulation, for treating, e.g. hypertension, comprises electrically coupling ground pad to exterior, and delivering field between electrode and ground pad to modulate function of neural fiber

13/26, TI/3 (Item 3 from file: 350)

Derwent WPIX

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0016176221

WPI Acc no: 2006-707861/

Congestive heart failure treating method for patient, involves modulating function of neural fiber that contributes to renal function of patient's kidney, delivering neuromodulatory agent to fiber, and denervating kidney

13/26, TI/4 (Item 4 from file: 350)

Derwent WPIX

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0015656331

WPI Acc no: 2006-220513/

Patient hydration system for preventing radiocontrast nephropathy, has urine collection system, infusion system, and control system having a meter configured to determine urine output and a controller configured to adjust the infusion rate

[File 155] MEDLINE (R) 1950-2007/Mar 15
[File 5] Biosis Previews (R) 1926-2007/Mar W2
[File 73] EMBASE 1974-2007/Mar 20
[File 35] Dissertation Abs Online 1861-2007/Feb
[File 65] Inside Conferences 1993-2007/Mar 20

Set	Items	Description
S1	2068	S AU=(GELFAND M? OR GELFAND, M?)
S2	1938	S AU=(LEVIN H? OR LEVIN, H?)
S3	15	S S1 AND S2
S4	13	RD (unique items)
S5	13	SORT S4/ALL/PY,A
S6	40	S RENAL()NEPHROPATHY
S7	1753150	S KIDNEY? ? OR RENAL
S8	471491	S OCCLUD? OR OCCLUS? OR BALLOON? ?
S9	693062	S VEIN? ? OR VENOUS
S10	116600	S INSULT OR NEPHROPATHY
S11	651908	S BLOOD()PRESSURE
S12	1580091	S RADIOCONTRAST OR CONTRAST
S13	3976	S S1:S2 NOT S3
S14	0	S S6 AND S13
S15	258	S S7 AND S13
S16	5	S S10 AND S15
S17	0	S S8 AND S11 AND S15
S18	7	S S12 AND S15
S19	6	S S9 AND S15
S20	17	S S16:S19
S21	11	RD (unique items)
S22	11	SORT S21/ALL/PY,A
S23	419	S CONTRAST()NEPHROPATHY
S24	0	S S1:S2 AND S23

5/6/3 (Item 3 from file: 5)

16345913 Biosis No.: 200100517752

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2001

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